

THE MEDICAL NEWS AND LIBRARY.

VOL. I.

NOVEMBER, 1843.

No. 11.

CONTENTS.

CLINICS.	
PENNSYLVANIA HOSPITAL.	
Report for the quarter ending October 28, 1843,	113
Wills Hospital, Report for the quarter ending Oct., 1843,	115
MEDICAL EDUCATION AND INSTITUTIONS.	
Medical Service in the Navy, No. 4,	115
SKETCHES AND ILLUSTRATIONS OF MEDICAL DELUSIONS.	
Notes from Timothy Goslin—Mesmerism,	117
Animal Magnetism a Fashionable Interlude in Paris,	117
MEDICAL NEWS.	
Domestic Intelligence.—Vermont Asylum for the Insane,	118
Mount St. Vincent's Hospital,	118
Yellow Fever,	118
Position Defined,	119
FOREIGN INTELLIGENCE.	
Extirpation of Diseased Ovaria,	119
Phthisis and Intermittent Fever,	119
Arsenical Caustic in Ulcers,	119
Separation and Fecundation of the Ovum in Mammalia,	120
Guy's Hospital—Ward for Children,	120
Medical Society of London,	120
Necrology	120
WATSON'S LECTURES,	24 pages.

CLINICAL REPORTS.

PENNSYLVANIA HOSPITAL.

Service of DR. PEACE.

Cases discharged from the Surgical Wards, since August 20:—Abscess, in Thigh, 1; do. in Calf of Leg, 1; Amaurosis, 1; Bubo, 3; Caries, of Bones of Ankle, 1; do. Elbow, 1; Calculus, 1; Conjunctivitis, 3; Contusion, of Knee-joint, 1; do. Hip-joint, 1; Shoulder-joint, 1; Elbow-joint, 1; other parts, 2; Concussion of Spine, 1; Chancre, 2; Dislocation of Radius, backwards, 1; Epididymitis, 1; Enlarged Prostate, 1; Fracture, of Ossa Nasi, 1; do. Upper Maxilla and Nose, 1; do. Clavicle, 1; do. Ribs, 3; do. Humerus, (compound,) 1; do. Forearm, (compound comminuted,) 1; do. Radius, 1; do. Ulna, 1; do. Ext. Condyle of Humerus, 2; do. Dorsal vertebræ, 1; do. Femur, 6; do. Bones of Leg, (simple,) 3; do. (comp'd. commin'd.) 1; do. Fibula, 1; do. Metatarsal bones, (comp'd.) 1; Fracture of Patella, 1; Rupture of Ligamentum Patellæ, 1; Fracture of 1st phalanx Great Toe, 1; Furunculus, 1; Gleet, 1; Gonorrhœa, 3; Hernia,

(strangulated,) 1; Hydrocele, 1; Lichen, 1; Mentagra, 1; Phimosis, 1; Otorrhœa, 1; Paralysis of Muscles of Shoulder, 1; Paronychia, 1; Sprain of Wrist, 1; do. Ankle, 1; Stricture of Urethra, 1; Syphilis, Secondary, 2; do. Tertiary, 4; Tumour, of Mammæ, (fibrous,) 1; do. Condylomatous, 1; do. Foot, 1; Ulcer, 5; do. Cornea, 1; Wound, incised of Scalp, 2; do. do. Shoulder, 1; do. lacerated, of Hand, 2; do. do. Face, 3; do. do. Leg, 1; do. contused, of Scalp, 3; do. punctured, of Foot, 2; do. do. Hand, 1.—Total, 98.

Cases admitted into the Surgical Wards since August 20:—Abscess, of Mamma, (chronic,) 1; do. near the Anus, 2; do. in Thigh, 1; do. Calf of Leg, 1; Amaurosis, 1; Anchylosis of Knee, (partial,) 1; Bubo, 4; Burn, 1; Cancer, of Mamma, 1; do. Lip, 1; Caries, of Metatarsal bones, 1; do. Ulna, 1; Conjunctivitis, 3; Contusion, of Knee-joint, 2; do. Ankle, 1; do. Shoulder, 1; do. Muscles, 4; Coxalgia, 1; Chancre, 4; Dislocation of Humerus, (downwards,) 1; Epididymitis, 3; Fractures, of Ossa Nasi, 2; do. Clavicle, 1; do. Ribs, 3; do. Dorsal Vertebræ, 1; do. Humerus, (compound,) 1; do.

Published Monthly by LEA & BLANCHARD, Philadelphia, at One Dollar a year, payable in advance.

This number contains one sheet, and will pay newspaper postage.

Ext. Condyle of Humerus, 2; do. Radius, 1; do. Femur, 4; do. Bones of Leg, (compound) 2; do. Fibula, 1; do. 1st phalanx Great Toe, 1; do. Metatarsal bones, (comp'd.,) 1; do. Bones of Arm, 1; Rupture of Ligamentum Patellæ, 1; Fistula in Perineo, 1; Furunculus, 1; Gonorrhœa, 4; Hernia, Strangulated, 1; Hydrocele, 1; Iritis, 1; Otorrhœa, 1; Paronychia, 1; Phimosis, 1; Sprain of Ankle, 1; Stricture of Urethra, 1; Syphilis, Tertiary, 1; do. Secondary, 2; Speck on Cornea, 1; Ulcer, 5; Tumour, (fibrous of Mamma), 1; do. on Foot, 1; Wounds, Contused of Scalp, 4; do. incised of Neck, 1; do. do. Wrist, 1; do. lacerated of Hand, 2; do. do. Arm, 1; do. incised of Hand, 1; do. punctured of Foot, 2; Gun-shot of Face, 1; do. do. Forearm, 1.—Total, 97.

1. Of the patients in the Surgical Wards, 7 died during the last two months. Of this number, one was an old lady who died, probably of phlebitis, after the amputation of the little toe.

2. Two of tetanus following railroad accidents. One a compound comminuted fracture of the metatarsal bones, and the other a similar injury of the leg. The first died just a week after the injury, and 48 hours after the first observed symptoms of tetanus; the other lived ten days after his accident, and 24 hours after the supervention of tetanus. In both cases the treatment pursued consisted in the administration of morphia in large doses, and in counter-irritation along the spine. An examination was made of the first case, twelve hours after death. The nerves of the injured foot were carefully traced upwards to the spine, but no inflammation could be detected either in the nervous matter, or in the neurilema. The membranes of the spinal cord were somewhat turgid with blood, but as this was only observed in the larger vessels, we considered it as an effect simply of the disturbed action of the circulatory organs, and the blood, produced by the violent and oft-repeated spasms which affected the chest and throat chiefly.

In the same manner we explained a similar condition of the meninges of the brain, and of the brain itself; the large vessels only appeared to be distended, there was no capillary injection, nor softening. But on examining a case of tetanus which terminated fatally, in the early part of the spring, we found the principal nerves in the neighbourhood of the injury (a compound and

comminuted fracture of the forearm), softened at their injured extremities; the membranes of the spinal cord in the cervical region intensely injected, and the substance of the spinal cord in the same region soft and pulpy from inflammation. In this case the man lived three days and a half after the onset of tetanus.

3. A fourth individual had received a compound fracture of the humerus, a comminuted fracture of the clavicle, which became compound also, and a fracture of the ossa nasi, with some severe contusions. He was attacked with erysipelas, but recovered from it, and appeared to be doing well until about the nineteenth day, he was attacked with pneumonia, of which he died in two days.

4. A man was brought in on Wednesday last, having been run over by a broad drag. The only apparent injury was a fracture of the ribs on the right side, nevertheless he died in a very few minutes. On examining the body, the next morning, we found that all the ribs of the right side were fractured, nearly in a straight line from the middle of the axilla downwards perpendicularly; the right lung was pressed upon and some of its air-cells ruptured, with here and there effusion of blood beneath the pleura: the liver was very much lacerated, small fragments of it being found in the cavity of the peritoneum; the right kidney was also much torn, and a very large quantity of blood was contained in the cavity of the abdomen, and in the substance of the muscles of the chest and belly. Externally the course of the wheel was marked by spots of ecchymosis along the side, over the injury of the ribs.

5. One of the cases of fracture of the thigh was treated by Hagedorn's apparatus as improved by Dr. Gibson. In the practice of the hospital such injuries are commonly treated by Desault's splints; but in this particular instance the patient had received such severe contusions of the ankles and feet that Desault's apparatus could not have been borne. But by the other splint the necessary extension was diffused over both limbs, and the ankles were saved. Considerable care and attention was necessary in the progress of the treatment. The man complained for several days of the inconvenience and irksomeness of such close restraint, but he became soon reconciled to it, and at length got well with no apparent shortening; his walking betrayed none.

6. Another case of fracture was interesting, as showing how complete may be the recovery from a very severe injury—

A young man of good health and habits, a carpenter by trade, while working on the roof of a four story house, fell through the building down into the cellar, striking upon a joist in his descent. He was brought to the hospital immediately. We found that the fibula was broken near its head, with a second fracture comminuted at its lower extremity; that the tibia was broken obliquely downwards and outwards into the ankle-joint, and that a small fragment had been thrown from its outer and inferior extremity upon the cuboid bone. The leg was placed in a fracture box, and cold applications continually renewed upon it. We were apprehensive that gangrene from excessive inflammation would take place, or, at least, that a slough would form upon the outer ankle, and thus render the fracture compound. But neither of these complications occurred, and at the end of about fifteen weeks the man was discharged, with the injured limb equal to the other in length, and almost in shape, and with but slightly impaired motion at the ankle.

W. F. SARGENT, M. D.,

Oct. 21. *Resident Surgeon.*

WILLS HOSPITAL.

Service of DR. LITTELL.

<i>Quarterly Report.</i> —In the House at the commencement of the quarter,	27
Admissions during the quarter,	30
Discharges,	27
In the House at the close of the quarter,	27
Males,	17
Females,	10
Operations during the quarter, for	
Artificial Pupil,	5
Cataract,	2
Adhesion of the lower lid of the right eye to the eyeball,	1

JNO. CURWEN,

Oct. 1843. *Resident Physician.*

MEDICAL EDUCATION AND INSTITUTIONS.

MEDICAL SERVICE IN THE NAVY.

NO. IV.

After the examination has been passed for admission into the navy as an assistant

surgeon, it sometimes happens that many months elapse before the candidate receives a commission. This delay arises because appointments are only made to fill vacancies as they occur. When the commission has been obtained, what is it worth? Upon this question, there are probably various opinions entertained; while some few express themselves as content, others loudly complain of the relative position in which they are placed with other officers. And these complaints are not always well understood, either by navy officers or citizens. At first, we were disposed to regard the dissatisfaction expressed by some assistant surgeons we have the pleasure to know, as the result of some peculiarity or flaw of temperament which disqualified them for military subordination; but, on more closely examining the subject, we learned that even those who were extremely popular among navy officers, and who had no personal grievances to urge, set forth that the usages and regulations of the navy, place a value upon all medical officers far below their worth. In other words, that medical men in the navy, in naval society, stand very much lower than the same class of professional men do in our cities. In the navy, with the exception of medical men, clergymen, teachers and pursers, every individual has a defined rank which may be remotely compared to the aristocracy of England; but, instead of consisting of dukes, marquises, lords and baronets, it is composed of commodores, captains, commanders, lieutenants, masters and midshipmen.

Naval rank defines, as we understand it, the powers, personal rights and privileges, as well as the duties of officers, to a considerable extent. While certain ceremonies of etiquette are observed when a lieutenant, for example, leaves or enters a ship, none are observed towards a midshipman that would be missed. The captain would be received with more ceremony, and a commodore with a still greater system of parade. In any community where such a scheme of formalities is preserved, it is natural that those persons towards whom there is no official manifestation of respect, should feel abased, and especially when those persons are highly respectable, highly intelligent, and clothed with a commission which is to them merely nominal, because it confers none of the distinctions of privilege and power which a similar instrument confers upon others who are in no respect intrinsically more worthy

than themselves. For example, the commission of a lieutenant and that of an assistant surgeon are of the same tenor; but the lieutenant is privileged to walk the starboard side of the quarter-deck, and his entrance and egress of a ship is announced by the piping of a boatswain's mate: the assistant surgeon should walk the larboard side, enter the ship by the larboard side, silently and unheeded; and any attention beyond, is not in accordance with the rules of the navy, though it is not unfrequently paid spontaneously, in respect to personal merit. The commission of lieutenant, places him socially on a footing with men of his own time of life, gives him a room to sleep in and retire to; but the assistant surgeon is made to live with boys, in the steerage, and has no apartment assigned to him by regulation or rule, but sleeps in a cot or hammock, most frequently with a dozen or more youngsters by his side. All these grievances grow out of the simple fact, that the laws of the navy have not assigned to medical officers any rank whatever. But this is a defect in the law, and not a fault of navy officers; because we cannot believe that a body of men as intelligent as the officers of the navy generally are, would be instrumental in perpetuating grievances which might be readily removed without any prejudice whatever to themselves. It may be remarked here, that while medical officers do complain of their want of a defined rank, they are desirous not to cast any censure upon other officers in the navy, on account of this defect in the law.

"Now let me ask," says an assistant surgeon, in "The Boston Medical and Surgical Journal," for September 20, 1843,—“now let me ask, how much is there in the situation of officers of our grade, with such acquirements, to make them satisfied with their condition? They come on board ship fully qualified for the exercise of their duty, yet are associated with boys perfectly ignorant of theirs. They have a commission which requires the approval of the Senate; yet it confers no right that the midshipman who was at school learning to read, two days before, may not dispute, and victoriously too. They are not permitted to bear that commission until they are of age; yet a boy who has not got over the whims and caprices of childhood, may exert those very whims and

caprices to the discomfort of a man whose attainments have been tested, and stamped with a high value by a rigid examination—attainments for which he has possibly expended all his little means, and given up his youth to privation and toil, and which redound to the credit of the service.

“It may be asked, why do men remain in the navy under such circumstances? Why? Many cannot help it; myself, for example; others are for a time fortunately situated, as I happen to be just now, and the chain does not gall; and then, getting broken in, or broken down, they find it too late to resign.”

The medical officers are anxious to obtain the passage of a law, or the establishment of a regulation, which will place them, in point of rank, on an equality with their professional brothers in the army. They ask to have proper apartments assigned to them on board ship, and to be represented on courts martial whenever any member of their class is tried by martial law. Small as these points seem, just and reasonable as they are, the medical officers have made efforts heretofore in vain. We learn from an article (which displays no little irritation on the part of the writer of it) in the “Southern Literary Messenger,” for August, 1843, that in the opinion of medical officers, naval hospitals *ought* to be under the governorship of surgeons of the navy, and not of sea officers. The writer of the article contends that they ought to remain in charge of sea officers, because they are military establishments. For our part, we should suppose that surgeons in the navy are sufficiently acquainted with military usage, to be fully competent to manage the police of an hospital, as well as a lieutenant or captain. We presume that surgeons in the army are not more familiar with military affairs or usages in the army, than surgeons of the navy are with the usages of the navy. Army hospitals are under the control of army surgeons; and we are not convinced that navy hospitals ought not to be under the control of navy surgeons, so far as their discipline and management and treatment of the sick and wounded are concerned.

In our next, we will speak of the emoluments of the office of assistant surgeon, and of the prospects of medical men who serve in the navy.

SKETCHES AND ILLUSTRATIONS
OF MEDICAL DELUSIONS.

Note from Timothy Goslin.—Mesmerism.—The following excellent jeu d' esprit appeared in the *London Med. Gaz.* for Feb. last:

"Sir,—I feel assured that you, and every friend of humanity, will most heartily rejoice in the most valuable discovery which has lately been made in Germany, by which such great relief will be afforded to the numbers of our fellow creatures who are now suffering so severely in these hard times. The discovery was made by the learned Professor Phillpokkett, of the celebrated University of Puffinburg. It is well known that the Professor has been long engaged in the practice of mesmerism on a very extensive scale, while he has also been one of the great patrons of homœopathy. Now the discovery in question unites the merit of both these operations. He has found out a method of mesmerizing the digestive organs, so as to render them quiescent for as long a period as may be necessary or desirable, during which period food of any kind is rendered quite unnecessary; and when food is required, he has discovered a mode of giving it in very minute quantities, when he employs a certain process by means of which a single grain of aliment will produce as great an effect as a pound in the way in which it was formerly used. I need not enlarge upon the marvellous benefit which must be derived from these discoveries: food will now be almost superseded; it is estimated that one per cent. of the quantity hitherto used will suffice for all the real wants of the system. A labourer, who formerly required his pound of bread, or cheese, or bacon, will now be kept in perfect health and vigour by a few grains; an infinitesimal part of a beefsteak, or a mutton chop, will afford a plentiful meal, while bread will scarcely be required. The only objection that can possibly be urged against this discovery is the outcry that we must expect will be raised by the landed gentry. It will, no doubt, nearly supersede the use of corn, and amazingly diminish the quantity of oxen and sheep that will be sent to the market. But we know that they are a most selfish set, always bent upon their own interest, and quite disregarding the people at large; and, I think, they richly deserve to suffer for their unfeeling conduct. Your

readers will be very happy to be informed that the Professor has made the necessary preparations for sending into this country a very intelligent pupil of his, M. Rennard, who is to act as his agent; and will give instructions in the method of putting the invention in practice. Professor Phillpokkett himself, as is well known, is a gentleman of unbounded benevolence and philanthropy, and it was his intention and earnest desire to have communicated his discovery to the world without any profit or compensation; but, at the earnest desire of his friends, he has been prevailed upon to accept a small remuneration for his services; and this he proposes to do by a charge of 90 per cent. upon the sum which will be saved to his patients, which will be only a fair recompense to him for the time and labour which he has bestowed upon his discovery, while he will still bestow an immense benefit upon the public. When M. Rennard arrives in England, you shall hear from me without delay.—I am, sir,

Your most obedient servant,

TIMOTHY GOSLIN.

Garden Lodge, Feb. 7, 1843.

Animal Magnetism a Fashionable Interlude in Paris.—The following extract from a very sensible article in a recent number of the *French Medical Gazette*, may probably amuse our readers:

"If this kind of charlatanism (the puffing of ignorant empirics) is disgusting in consequence of the serious injury to health that is often the result, there is another kind which, although immediately hurtful to society, is now spreading upon a broader scale, and is likely to be ultimately attended with still more serious mischief; we allude to *Animal Magnetism*. This doctrine, utterly rejected by the Academy, and abandoned, at least ostensibly, by the intelligent *Savans* who embraced it a few years ago, has now fallen into the hands of a set of the lowest empirics, who seem determined to turn it to the most profitable account. Several of these *industrial* rogues are in the habit of exhibiting in the saloons of Paris pretended somnambulists (of both sexes), who perform before the astonished spectators various mountebank tricks for the small sum of from 20 to 30 francs each performance! There is now scarcely a *soirée un peu sortable*, which has not its little somnambulist repre-

sentation. And yet, in the name of all that is wonderful, these poor devils, whose address certainly is not a whit beyond the tricks of the most common juggler at a fair, are received into the most splendid drawing-rooms of the metropolis, amidst the most polished society of Europe, as marvellous and exceptional beings, whose words are received as the responses of an oracle, and whose acts are almost believed to be supernatural!

"We have been present at some of these mystifications, and we fairly confess that we knew not whether to wonder most at the unheard-of impudence of the performers, or the extraordinary credulity of the spectators. And strange to believe! this is going on in the nineteenth century, in the midst of all that is most enlightened in literature and science, without opposition or reclamation.

"Besides these public exhibitions, we have private ones, got up at so much an hour; and then there are occasionally medical consultations—to the disgrace of our profession too often sanctioned by medical men. In short, there is not a street in Paris that has not its somnambulist juggleries.

"Religious fanaticism has been for some time past availing itself of animal magnetism, as an apt means to impose on the credulity of the ignorant; for it is not difficult to perceive in the pretended miracles—which after so many years of interruption, have lately began to make their re-appearance in different countries in Europe—the influence of a superstitious belief once more brought into fashion by the modern disciples of Mesmer. The church, it is true, has condemned the practice of Animal Magnetism, but it should be remembered that it has never denied the truth of the somnambulist exhibitions. Hence it comes that, while many attribute the phenomena to the operation of some immaterial fluid or to some particular condition of the nervous system, others are convinced that they are the work of the Devil himself. It is this latter opinion that seems to be the one that is generally received. We cannot wonder at this, when we call to mind that the bulk of mankind have always had a mighty partiality for whatever savours of the preternatural and marvellous. Hence it comes that now-a-days not a few cases of catalepsy, extasis, hysteria, mental hallucination, &c., are put down to the agency of demoniac possession."—*Gazette Médicale*.

Remarks.—It is rather curious to observe what has been going on in our own country about this mountebankery of science, and to notice the different views taken of it by the Clergy. While Mr. *M. Neile*, the well-known eloquent minister of Liverpool, has published a sermon "On the Satanic (no mincing word, certainly) Agency of Mesmerism," a pamphlet has recently appeared from the pen of a clerical brother, entitled "Mesmerism the Gift of God!"

Who shall decide, when doctors disagree! —*Medico-Chirurgical Review*, Oct., 1843.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Vermont Asylum for the Insane.—The seventh annual report is just published. By the report, the institution appears to be in a very flourishing condition. 224 patients have enjoyed its advantages the past year, 88 have been discharged, and 136 now remain. Of the recent cases, 87½ per cent. have recovered; while of the chronic, or old cases, only 33½ per cent. have recovered. The terms are fixed at \$2 per week, or \$100 per year, if the patient remain so long in the institution. Patients from other states are received on the same terms as those from Vermont. —*Asylum Journal*.

Mount Saint Vincent's Hospital.—There have been 75 inmates in the insane department of this institution the past year. Of this number there were discharged cured 22; removed by friends or sent to the almshouse, 16. The number at present is 35. From the 20th Sept., 1842, to 20th Sept., 1843, there have been 32 recoveries; 11 females, 21 males. 19 had mania-a-potu, all of whom recovered; 13 the different forms of insanity.

Yellow Fever.—This disease prevails to a great extent in New Orleans and Mobile. During the week ending the 7th October, there were, in the former city, 104 deaths from the disease; and during the 9th and 10th of the month, 49 new cases were ad-

mitted into the Charity Hospital. In Mobile, 20 deaths occurred from the disease, during two days, 10th and 11th October.

The disease has also appeared at Vicksburg, Rodney, and it is said at various other places on the Mississippi.

Position Defined.—It is of importance that the profession should know the position which each member assumes; and we therefore transfer to our pages the following notice, extracted from the *New York Daily Tribune*, of 27th September, 1843, as it defines this so exactly, as regards one individual.

"We understand that Dr. Rose, the physician so celebrated in Philadelphia for the successful treatment of Consumption, Bronchitis, and Liver Disease, will be at the Astor House, and may be consulted on Thursday, Friday, and Saturday, the 28th, 29th, and 30th of September.

"Dr. Rose is the American author of *Consumption Curable*, an old practitioner, and has now devoted himself entirely to the treatment of those diseases."

FOREIGN INTELLIGENCE.

Extirpation of Diseased Ovaria.—The No. of the British and Foreign Medical Review, for the last month, (October,) contains a very severe critique on a pamphlet by Mr. Charles Clay, entitled "Cases of Peritoneal Section for the Extirpation of Diseased Ovaria, by the large incision from Sternum to Pubes, successfully treated." In this paper, Mr. Clay gives the particulars of five cases in which he performed gastrotomy, in three of which the patients recovered; and he adduces this measure of success, backed by some statistical statements, to prove that the operation is "a perfectly legitimate and more than ordinary successful capital operation."

The reviewer asserts that Mr. Clay's statistics are lamentably and unpardonably incorrect, as a representation of the actual state of experience in this matter; and gives the following tables, of which the first displays those cases in which the diseased ovary was actually extirpated; the second, those in which either no tumour existed, or in which insurmountable obstacles prevented the completion of the operation.

TABLE I.

	Successful Cases.	Fatal Cases.
Dr. McDowell,	3	1
Mr. Lizars,	1	1
Dr. A. G. Smith, Ky.,	1	0
Dr. Quintenbaum,	1	0
Dr. Rogers,	1	0
Dr. Ritter,	1	0
Dr. Chrysmar,	1	2
Dr. Granville,	0	1
Dr. Clay,	3	1
Mr. Walne,*	1	0
	13	6

TABLE II.

	Patients survived.	Patients died.
Dr. McDowell,	1	0
Mr. Lizars,	2	0
Dr. Granville,	1	0
Prof. Dieffenbach,	1	0
Dr. Martini,	0	1
Anonymous writer in Fro-		
riep's Notizen,	0	1
Dr. Clay,	0	1
	5	3

Thus it appears that, instead of the operation having been successful in twelve out of thirteen cases, as Mr. Clay attempts to show by his statistics, nine out of twenty-seven persons, or one in three of those who submitted to it, died; and that five out of the eighteen survivors had hazarded their lives, and undergone much suffering, to no purpose.

Phthisis and Intermittent Fevers.—M. GINTRAC, Professor of the School of Medicine, of Bordeaux, has published a memoir to prove that phthisis and intermittent fever reign simultaneously in the same localities, and that the presence of one does not prevent the development of the other.

M. Nepple, of Lyons, and Pacoud, of Bourg, in two letters recently published, maintain the contrary opinion.

Arsenical Caustic in Ulcers.—M. Souberbeille addressed a letter to the French Academy of Sciences, August 14th, in which he states that he had succeeded in curing ulcers, supposed to be venereal, and which

* Mr. Walne has since, operated twice. His second case was successful, and the third promises to be so; the patient doing well at the last report.—*Ed. Med. News.*

had resisted several mercurial courses, and were reputed incurable, by the application of the arsenical caustic.

Separation and fecundation of the ovum in mammalia.—In two treatises just published by M. Bischoff, Professor of Physiology at the University of Heidelberg, "On the separation and fecundation of the ovum in man and in mammalia in general," M. Bischoff says, "that the separation of the ovum from the ovarium is produced by coitus, and that this takes place in the bitch twenty or twenty-four hours after the act, and in the rabbit nine or ten hours. Subsequent experiments proved to him that these conclusions were erroneous, and that it was effected without the intervention of the male. If we extirpate the uterus, leaving the ovaria and tubæ fallopianæ in the natural position, or if we prevent the approach of the male, the animal experiences as usual the desire of the union of sexes; the vesicles of Graaff increase in size, the vesicle of Purkinje disappears; the ovum comes to maturity, is separated from the ovarium, and enters the oviductus: the corpus luteum is visible under an effusion of blood. The development of the ovum proceeds no further, as fecundation has not taken place. It is thus clearly proved, first, that two circumstances are necessary in order that conception may be accomplished;—the action of the semen on the ovum, and the maturity of the ovum; second, that coitus is not the cause of the separation of the ovum from the ovarium; third, that fecundation takes place not only in the ovarium, but likewise in the oviductus; fourth, that the corpora lutea may exist without having been preceded by conception; fifth, that there is no material difference between catamenia and the development of venereal desire in animals, both of these phenomena being a periodical excitement of the genital organs, caused by the augmentation of a vesicle of Graaff, and the separation of the ovum; sixth, that conception takes place when the ovum is arrived at maturity, which generally is immediately after the catamenial flux; should it occur at another period, it is probably owing to the following causes. (a) Because it takes place just before this evacuation, or some days after the separation of the ovum, and while it is still contained in the oviductus; (b) because the semen retains its prolific qualities some days after being deposited in the female genital organs; (c) because the

ovum may be brought to a state of premature maturity by the excitation caused by frequent coitus.—*Med. Times*, 23 Sept., 1843.

Guy's Hospital.—Ward for Children.—Preparations are making at Guy's Hospital, for the purpose of opening a clinical ward for the diseases of children. It is to be placed under the superintendence of Dr. Golding Bird.

Medical Society of London.—This Society, which has published nothing for nearly half a century, have determined to publish their Transactions. They formerly published six volumes, entitled *Memoirs*, which contain some very interesting papers.

Necrology.—Two months only have elapsed since we had to chronicle the extinction of two great lights of science, Madame Le Normand and Dr. Hahnemann, and we have now to record a third. Dr. Samuel Thomson, the founder of the medical system honoured by his name, breathed his last, in the city of Boston, at the advanced age of seventy-four.

We are unable to say what place can claim the honour of having given birth to this great Medical Reformer; we know not what town is to rank with Geissen, the Mecca of the infinitesimalists. But the *doctrines* of Thomson are so lucidly set forth in the following extract from a petition sent to the legislature of New York, signed by 17,000 of his followers, that no disputation in regard to them can take place.

"We consider all other medicines [except vegetable] poisonous, whether they be elementary or natural or artificial compounds; every metal or compound of a metal. This extends to all mineral waters, no matter how popular; we consider them all deleterious, and of course poisonous. One of our apothegms is, that the metals and minerals are in the earth, and being extracted from the depths of the earth, have a tendency to carry all down into the earth, or, in other words, the grave, who use them. That the tendency of all vegetables is to spring up from the earth. Their tendency is upwards; their tendency is to invigorate and fructify, and uphold mankind from the grave."

The advocates or friends of this system are computed, as stated to the legislature of New York, to amount to upwards of 3,000,000!!!